## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

| Effective October 1, 2001 1005 9 7 05   |  |   |                  |                                |              |                  |           |                   |                        |                     |                               | 5                      |  |
|---|--|---|------------------|--------------------------------|--------------|------------------|-----------|-------------------|------------------------|---------------------|-------------------------------|------------------------|--|
| CLAIMS AS FILED - PART (Column 1)   |  |   |                  |                                |              | ımn 2)           |           | SMALL ENTITY TYPE |                        |                     | OTHER THAN<br>OR SMALL ENTITY |                        |  |
| TOTAL CLAIMS  |  |   | n                |                                |              |                  | Г         | RATE              | FEE                    | 1                   | RATE                          | FEE                    |  |
| FOR   |  |   | NUMBER FILED     |                                | NUME         | BER EXTRA        | B/        | ASIC FEE          | 370.00                 | OR                  | BASIC FEE                     | 740.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | / minus 20=      |                                | •            |                  |           | X\$ 9=            |                        | OR                  | X\$18=                        |                        |  |
| INDEPENDENT CLAIMS  |  |   | — minus 3 =      |                                | *            |                  |           | X42=              |                        | OR                  | X84=                          |                        |  |
| ML  | JLTIPLE DEPEN                                  | NDENT CLAIM P                             | RESENT           |                                |              |                  |           | +140=             |                        | OR                  | +280=                         |                        |  |
| * If the difference in column 1 is I  |  |   | less than z      | ero, enter                     | "0" in (     | in column 2      |           | OTAL              |                        | OR                  | TOTAL                         | 1.4                    |  |
|   |  |   |                  |                                |              | (Column 3)       |           |                   | ENTITY                 | OR                  | OTHER<br>SMALL I              |                        |  |
| <b>AMENDMENT A</b>  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | HIĞH<br>NUMI<br>PREVIC<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA |           | RATE              | ADDI-<br>TIONAL<br>FEE |                     | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | • 5                                       | Minus            | ** 6                           | <u> </u>     | =                | ,         | X\$ 9=            |                        | OR                  | X\$18=                        |                        |  |
|   | Independent                                    | * 2                                       | Minus            | ***                            | 3            | = /              |           | X42=              |                        | ÓR                  | X84≃                          |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |                  |                                |              |                  | ' [       | 140=              |                        | OR                  | +280=                         |                        |  |
|   |  |   |                  |                                |              |                  |           | TOTAL<br>DIT. FEE |                        | OR                  | TOTAL<br>ADDIT. FEE           |                        |  |
| (Column 1) (Column 2) (Column 3)  |  |   |                  |                                |              |                  |           |                   |                        |                     |                               |                        |  |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | HIGH<br>NUM<br>PREVIO<br>PAID  | BER<br>DUSLY | PRESENT<br>EXTRA | F         | RATE              | ADDI-<br>TIONAL<br>FEE |                     | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus            | **                             |              | =                | ,         | <b>(\$ 9=</b>     |                        | OR                  | X\$18=                        |                        |  |
|   | Independent                                    | * NTATION OF MU                           | Minus            | ***                            | CLAIM        | -                |           | X42=              |                        | OR                  | X84=                          |                        |  |
|   | VIIIO I VIIIOE                                 | WATION OF MIC                             | Jen ee de        | LIADEIAI                       | CLAM         | <del></del>      | ¹         | 140=              |                        | OR                  | +280=                         |                        |  |
|   |  |   |                  |                                |              |                  | ADE       | TOTAL<br>DIT. FEE |                        | OR                  | TOTAL<br>ADDIT. FEE           |                        |  |
|   |  | (Column 1)                                |                  | (Colun                         |              | (Column 3)       |           |                   |                        |                     |                               |                        |  |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | HIGH<br>NUMI<br>PREVIO<br>PAID | BER          | PRESENT<br>EXTRA | F         | RATE              | ADDI-<br>TIONAL<br>FEE |                     | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus            | ##                             |              | =                | ×         | <b>(\$ 9=</b>     |                        | OR                  | X\$18=                        |                        |  |
|   | Independent                                    | *   | Minus            | ***                            |              | -                |           | (42=              |                        |                     | X84=                          |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                  |                                |              |                  |           |                   |                        | OR                  |                               |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |  |   |                  |                                |              |                  |           |                   |                        | OR                  | +280=                         |                        |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box |  |   |                  |                                |              |                  |           |                   |                        | TOTAL<br>ADDIT. FEE |                               |                        |  |
| -   | The "Highest Num                               | ber Previously Pai                        | d For" (Total or | Independe                      | ent) is the  | highest numbe    | r found i | in the app        | ropriate box           | in col              | umn 1.                        |                        |  |